



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	815223499	Report Filed By (Mark X)		Candidate		Committee	X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF Andre Horton							
Street Address		P.O. Box 6133							
City	ERIE	State	PA.	Zip Code	16512-6133				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11-07	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10-28-2017	11-27-2017	
A. Amount Brought Forward From Last Report	\$	2,844.04	2017 DEC - 8 PM 3:55 ERIE COUNTY VOTER REGISTRATION 5076
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	100.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2,944.04	
D. Total Expenditures (From Schedule III)	\$	555.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,389.04	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

8th day of December 2017
 [Signature]
 Signature

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Katrina N. Strohmeier, Notary Public
 City of Erie, Erie County
 My Commission Expires Nov. 28, 2020

[Signature]
 Signature of Person Submitting report
 Deborah Johnson
 Printed Name

My Commission expires 11 28 2017
 MO. DAY YR.

814
 Area Code

460-0774
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

8th day of Dec. 2017
 [Signature]
 Signature

NOTARIAL SEAL
 LANA R. WRIGHT, NOTARY PUBLIC
 ERIE, ERIE COUNTY, PENNA.
 MY COMMISSION EXPIRES ON MARCH 19, 2018

[Signature]
 Signature of Candidate
 Andre R. Horton
 Printed Name

814
 Area Code

572-1230
 Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	815 223 499		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	100.00
All Other Contributions (Part B)		\$	0
Total for the reporting period		(2)	\$ 100.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period		(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	\$ 100.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number		815 223 499					
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							Amount
Full Name of Contributing Committee		Committee To Elect Fire Leone				Date [MM/DD/YYYY]	\$ 100.00
House #	1364	Street Address		W. 32nd ST.		Date [MM/DD/YYYY]	\$
City	ERIE	State	PA	Zip Code	16508-2418	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	815 223 499
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		
						0	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
							0
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		
						0	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
							0
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		
						0	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
							0
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		
						0	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
							0
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		
						0	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
							0
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #	Street Address			Date [MM/DD/YYYY]	\$		
						0	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
							0

PART C
Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
 with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	815 234 99
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Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	
City				State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	
City				State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	
City				State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	
City				State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	
City				State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	
City				State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	
City				State	Zip Code	Date [MM/DD/YYYY]	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	815 223 499
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

815 2234 99

Full Name											
House #		Street Address									
City					State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description											
Full Name											
House #		Street Address									
City					State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description											
Full Name											
House #		Street Address									
City					State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description											
Full Name											
House #		Street Address									
City					State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description											
Full Name											
House #		Street Address									
City					State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description											
Full Name											
House #		Street Address									
City					State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description											
Full Name											
House #		Street Address									
City					State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description											

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:

815223499

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

(2)

\$

0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period

(3)

\$

0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING
PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter
on Page 1, Report Cover Page, Item F)

\$

0

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

815223499

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

815 223 499

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
							0
House #	Street Address			Date [MM/DD/YYYY]		\$	
							0
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
							0
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
							0
House #	Street Address			Date [MM/DD/YYYY]		\$	
							0
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
							0
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
							0
House #	Street Address			Date [MM/DD/YYYY]		\$	
							0
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
							0
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
							0
House #	Street Address			Date [MM/DD/YYYY]		\$	
							0
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
							0
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	8 15 22 3 4 9 9
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To Whom Paid		Andre Horton				Date [MM/DD/YYYY]	\$	95.00
House #	318	Street Address		REED ST.		Description of Expenditure		
City	ERIE	State	Pa	Zip Code	16507	Fund Raiser AND Dinner Tickets reimbursement.		
To Whom Paid		CASS Johnson				Date [MM/DD/YYYY]	\$	200.00
House #	1248	Street Address		E 36		Description of Expenditure		
City	ERIE	State	Pa	Zip Code	16504	GAS Cards reimbursement		
To Whom Paid		Gem City ELKS				Date [MM/DD/YYYY]	\$	60.00
House #	126	Street Address		E 11th ST		Description of Expenditure		
City	ERIE	State	Pa	Zip Code	16501	DINNER TICKETS		
To Whom Paid		CASS Johnson				Date [MM/DD/YYYY]	\$	200.00
House #	1248	Street Address		E 36		Description of Expenditure		
City	ERIE	State	Pa	Zip Code	16504	GAS Cards REimbursement		
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

815 223 499

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					0
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					0
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					0
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					0
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					0
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					0
Description of Debt							